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OF THE SOUTH

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THE EFFECTS OF EMANCIPATION UPON THE
MENTAL AND PHYSICAL HEALTH OF THE
NEGRO OF THE SOUTH.

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THE EFFECTS OF EMANCIPATION UPON THE MENTAL AND
PHYSICAL HEALTH OF THE NEGRO OF THE SOUTH*

By J. F. MILLER, M. D., Superintendent Eastern Hospital, Goldsboro, N. C.

From the Afro-American Encyclopedia, I gather the following statistics:

"African population of the United States, - - -	7,470,040.
Of this number, there are pure Africans, - - -	6,337,980.
Of mulattoes (one-half pure) - - - - -	956,989.
Of quadroons (one-fourth pure) - - - - -	105,135.
Of octaroons (one-eighth pure) - - - - -	69,936."

In round numbers, six millions live in the South.

I observe that the States of Louisiana, Mississippi and South Carolina have more negroes than whites.

The literature of insanity and physical degeneration among this population thus far is comparatively meagre; and it will devolve upon us of the South who are in the midst of these people, to write it.

This writer has been thoroughly reconstructed and readjusted to the changed political relations of the negro. He has no controversy with man, nor complaint against the great Disposer of human events for the results of the late war between the States. Nor has he any prejudice against the unmitted slave or his posterity. In common with the great mass of Southern people, he is the negro's friend.

*Read before the Southern Medico-Psychological Association, at Asheville, N. C., September 16, 1896.

That inimitable American wit and humorist, Mark Twain, says that Adam is a very much neglected man; that he deserves a monument and that he would subscribe liberally for the purpose; that the world is indebted to him more than to any other man, for he gave us both hell and heaven.

The faithful negroes of the South deserve a monument also for their loyalty to their owners and fidelity to duty under the most trying circumstances during the years of the late civil war.

But relegating to the domain of politics and sociology, the many vexed questions embraced in the so-called negro problem, the alienist and the student of scientific medicine may well inquire: What has been the effect of freedom upon the mental and physical health of the negroes of the South?

Has it been damaging or otherwise?

It is the purpose of this paper briefly to answer this question. To do so, I must needs state some facts and figures heretofore given by others who have written on this subject.

THE HEALTH OF THE NEGRO PRIOR TO EMANCIPATION.

From close personal observation, embracing a professional life of nearly forty years among the negroes and from data obtained from professional brethren in different sections of the South, I have no hesitancy in declaring that insanity and tuberculosis were rare diseases among the negroes of the South prior to emancipation.

Indeed, many intelligent people of observation and full acquaintance of the negro have stated to me that they never saw a crazy or consumptive negro of unmixed blood until these latter years.

The fact of their comparative exemption from these ailments prior to emancipation is so well established that I deem it unnecessary to lengthen this paper by additional testimony that could be readily furnished from physicians of large practice among the negroes prior to emancipation.

INSANITY AND TUBERCULOSIS SINCE EMANCIPATION.

It is now proper to inquire what is and has been the history of the negro as to these ailments since emancipation.

Abundant testimony from practicing physicians throughout the South, is not wanting to establish the fact that negroes no longer enjoy immunity from these ailments.

Let us look at the testimony of our hospitals for the insane. Until the opening of the Eastern North Carolina hospital for the accommodation of the colored insane of the State, August 1, 1880, the State of North Carolina had but one hospital for the care and treatment of all her insane population.

Accommodations being thus limited, it is fair to assume that many of the colored insane were confined in jails and county homes or cared for by their friends. Therefore the number of patients received from the Raleigh asylum

into the Eastern hospital at its opening does not fairly represent the number of insane among the colored population of the State at that time. But during the year, there were admitted into the Eastern hospital from the Râleigh asylum and from the State at large one hundred insane negroes.

This embraces the accumulation of the first decade and a half after the close of the civil war. At this writing, another decade and a half later, there are under treatment in the Eastern hospital three hundred and seventy-five negroes, and I have reason to believe that there are quite as many outside as there were in 1880.

In a paper read by Dr. T. O. Powell, Superintendent of the Georgia Lunatic asylum, before a meeting of this association held at Atlanta, I gather the following facts:

"The census of 1860 will show that there were only forty-four insane negroes in the State of Georgia, or one insane negro in every 10,584 of population, and consumption in the full blooded negro was rarely seen.

The census of 1870 shows that there were 129 insane negroes in the State of Georgia, or one in every 4,225.

The census of 1880 gives 411 colored insane or one to every 1,764 of population.

The census of 1890 gives 910 colored insane or one to every 943 of population."

According to the figures of the United States Census Bureau, the number of colored insane of the United States were, in 1850, 638, giving a ratio of 175 per million inhabitants; in 1860, 766, giving a ratio of 169 per million inhabitants; in 1870, 1,822, giving a ratio of 367 per million inhabitants; in 1880, 6,157, giving a ratio of 912 per million inhabitants; in 1890, 6,766, giving a ratio of 880 per million inhabitants.

Commenting upon the above statistics, Dr. J. W. Babcock, Superintendent South Carolina Insane Asylum, says: "We cannot lose sight of the fact that on the basis of the census as compared with insanity in the whites, mental diseases in the negro has arisen from one-fifth as common in 1850 to one-half as common in 1880 and 1890."

These statistics, I presume, are approximately correct and can be substantiated by the testimony of the superintendents of the various asylums represented in this association, and I respectfully submit that there is nothing necessary in the way of additional testimony to establish the fact that insanity among the negroes of the South has wonderfully increased since the close of the late war.

I have no reliable statistics at hand as to the extent of tuberculosis among the negroes since the war, outside of insane asylums; but the testimony of hospitals that tuberculosis among the negroes has increased *pari passu* with insanity. Indeed the one is often the accompaniment of the other, if not its legitimate sequence.

Statistics of all our Southern hospitals for the insane furnish abundant testimony that consumption in its various forms is a scourge of the colored insane as well as of the white.

The statistics of the Eastern North Carolina Hospital for Colored Insane, on this subject are as follows: The average mortality from tuberculosis since the opening in August, 1880, to the present time, September 1, 1896, is 25 per cent. of the whole number of deaths.

The per cent. was much less in the early years of its management. While the general mortality has been somewhat reduced, there has been a gradual increase from consumption. Up to 1884, the percentage of deaths in this hospital from tuberculosis was 14 per cent. of the whole, and in 1895, it was 27 per cent.

On this subject, Dr. Powell says: "From observation and investigation, I am forced to believe that insanity and tuberculosis are first cousins or at least closely allied. The sudden outburst of insanity with the colored race of the South came associated with tuberculosis. Hence in obtaining histories of cases as they are brought to our institutions, the hereditary predisposition to consumption is carefully inquired into.

In comparing the death rate in the Georgia asylum between the whites and negroes, although the care and treatment are the same, the proportion of deaths from this disease is larger in the colored race, and I find the results are the same in other institutions where both races are treated."

Dr. T. J. Mitchell, Superintendent Mississippi State Lunatic Asylum, says of his hospital that "for the fiscal year 1892, there were forty-four deaths, fourteen having died of consumption.

Fiscal year of 1893, twenty-nine deaths, sixteen having died from consumption.

Fiscal year of 1894, there were forty deaths, eighteen having died from consumption.

Fiscal year of 1895, there were thirty-five deaths, eleven having died from consumption.

Ten months of fiscal year of 1896, there were forty-eight deaths, twenty-three having died of consumption.

These figures apply to the colored only, among whom consumption is much more prevalent than among the whites."

From the above, I find that the death rate in the hospital at Jackson, Miss., for the past five years, from consumption is a fraction over 42 per cent. of the whole number of deaths.

The Central hospital at Petersburg, Va., through the courtesy of Dr. W. F. Drewry, furnishes me with the statistical report of the whole number of deaths from all causes, and also the number of deaths from consumption than from any other hospital in which the colored insane are treated. The percentage of this hospital is a fraction over 12.

There are more congenital defects among the negroes as demonstrated by the large number of symmetrically developed crania.

I here express the opinion that the mental inferiority of the negro as thus shown in the midst of the environments which have surrounded him since the war is a leading factor in the development of his insanity.

The untutored savage can exist and be healthy in mind and body under conditions that will seriously affect the man of finer sensibilities from culture and education. The negro in slavery had "no thought for the morrow, wherewithal he should be fed and clothed," nor did the claims of family press upon him to worry and affect his mind; no ambitious hopes stirred his brain as to the possibilities of his future; but "far from the madding crowd's ignoble strife," he spent his quiet, humble life in his little log cabin, with his master to care for every want of self and family, in sickness and in health.

It is an undisputed fact, known to our Southern people that no race of men ever lived under better hygienic restraints or had governing their lives rules and regulations more conducive to physical health and mental repose. Their habits of life were regular, their food and clothing were substantial and sufficient, as a rule, and the edict of the master kept indoors at night and restrained them from promiscuous sexual indulgence and the baneful influences of the liquor saloon. In sickness, he was promptly and properly cared for by physician and nurse. Freedom came to him and a change came over his entire life.

Having shown that under his former manner of life the negro enjoyed a wonderful immunity from brain and lung trouble, (I confidently assert that the germs of these troubles came to the same man and race in consequence of his changed environments and the manner of his life which followed.)

In his ignorance of the laws of his being, the functions of citizenship and the responsibilities and duties which freedom imposed, demands were made upon the negro which his intellectual parts were unable to discharge. In his former condition none of these things disturbed his mind. Immediately the restraining influences which had been such conservators of healthfulness of mind and body were removed, thousands left the quiet homes and regular life of the country for crowded and badly ventilated houses of the towns. These were often located in the midst of unhealthy surroundings, their occupants without regular employment eking out a precarious existence, utterly unmindful of the laws of health.

It is a matter of surprise that the sudden and wonderful revolution in the social and political condition of the negro should have turned the heads of many and in their roseate dreams of the future, bade them hope for even better things than "forty acres and a mule."

Man is an organized being and is subject to certain laws which he cannot violate with impunity. These laws affect him in the air he breathes, the food

he eats, the clothes he wears and every circumstance surrounding his habitation.

In the wholesale violation of these laws after the war, as previously stated, was laid the foundation of the degeneration of the physical and mental constitution of the negro. Licentiousness left its slimy trail of sometimes ineradicable disease upon his physical being, and neglected bronchitis, pneumonia and pleurisy lent their helping hand toward lung degeneration.

It is true there was comparatively little insanity among the negroes during the first decade after the war, but the seeds of disease were being sown which in succeeding years have brought a beautiful harvest of mental and physical degeneration and he is now becoming a martyr to an heredity thus established.

During the flush times immediately after the war, while cotton and all farm products and farm labor commanded the highest prices known to this country, the negroes of the South who remained on the farms in their accustomed pursuits were comfortable and many of them accumulated some property; and during this period there was comparatively little insanity among them. This writer had a large clientele during this period among this class of negroes and he had no better paying patrons according to their ability. But as farm products lowered in price and labor became cheaper and the general hardness of the times increased, their ability to pay diminished and many of them began to suffer not only for the comforts, but for the means of healthful existence.

I am informed by physicians practicing among the same people that only a few negroes are now able to pay for professional services.

The mental worry for simple existence has increased with the tightness of the money market, the depreciation of farm products and the price of labor. We all know that worry and trouble coupled with failing physical health are potential factors in causing insanity. I do not believe the negro is an exception to the rule, though he may not be affected by such causes to the same degree as the Caucasian. But he is the mudsill of social life of the South and in times like the present this class of people must necessarily suffer most. I am fully aware that the negro is proverbially improvident and that even now, after thirty years or more of freedom, he takes but little thought for to-morrow, but to-morrow, nevertheless, comes to him and oftentimes finds him wholly unprepared to meet its exacting demands for support of self and family. While it may be assumed as a fact that the negro can exist and be comfortable under less favorable circumstances than the white man, having a nervous organization less sensitive to his environments, yet it is true that he has less mental equipoise, and may suffer mental alienation from influences and agencies which would not affect a race mentally stronger.

From a brochure on Tuberculosis among the Insane, by Dr. E. D.

Bondurant, assistant superintendent Alabama Insane Hospital, I gather the following:

“During three years and nine months, beginning October 1, 1890, 295 deaths occurred among the 1,700 patients treated at the Alabama Insane Hospital.

Of the 179 deaths among white patients, 51, or 28 per cent., were due to tuberculosis; of 116 deaths among negro patients, 49, or 42 per cent., were due to tuberculosis.

In addition to this, a study of our clinical records discovers the fact that in the colored race the disease assumes a much more active and rapidly progressive form, the average duration of fatal cases being markedly shorter in the negro.”

In the report of the South Carolina Hospital for the Insane for the year 1895-4, Dr. J. W. Babcock says: “From 1888 to 1893 the deaths from tuberculosis were distributed as indicated by the following table:

White—males 38, females 52; total 90.

Colored—males 43, females 165; total 208.

The colored women who died from the disease outnumbered the other three classes by 32. This too when the smallest part of our population consists of colored women. In his report for 1894-5, Dr. Babcock states: During the year the large number of fifty-nine patients died of some form of tuberculosis. Of these fifteen, two men and thirteen women, were whites; while forty-four were colored, eighteen men and sixteen women.”

Abundant data similar to the above doubtless could be obtained from other hospitals; but the above I respectfully submit is amply sufficient for the purposes in view.

ETIOLOGY.

Having thus shown by testimony, ample and conclusive, that insanity and tuberculosis were almost unknown diseases of negroes prior to 1865 and having also shown by the same testimony that they are common among the negroes of to-day, the question of greatest interest to the alienist and physician is: What is the relation of freedom to these diseases?

We sometimes see the last straw that breaks the back of the camel, but fail to discover the many others previously imposed upon the burdened beast. Every asylum superintendent knows how misleading are the causes of insanity as stated in the papers of application. In papers committing negroes to the Eastern Hospital, religion and religious excitement are frequently set forth as assignable causes of the insanity of the applicant. While this is sometimes true, it is often untrue. The error is a natural one, owing to the fact that his disease is manifested through his highly emotional, religious nature.

To arrive at a correct conclusion as to the effects of the changed political and social relations on the mental and physical constitution of the negro, it is necessary to know his manner of life during the ante-bellum and post-bellum periods of his history.

To understand and properly judge any man or race of men, it is necessary to know his heredity, the environments of his life and many other circumstances that are factors in the formation of his mental, physical and moral constitution.

A native of Africa and a savage a few generations ago, then a slave for several generations afterwards; this is the man and the race upon whom the high responsibilities of freedom were thrust; a nation literally born in a day.

The history of the world, so far as I know, furnishes no condition similar to that in which the negroes of the South were placed the first few years after the close of the war. Without education of self or ancestry and without preparation of any sort, the new negro was invested with the highest functions of citizenship before the healing of the marks of the chains that had bound him.

It is not my purpose or desire to be offensive to our Afro-American citizens, or to make them odious by comparison with the Caucasian; but the question of mental capacity is germane to the question under consideration.

I am fully aware that among the Afro-Americans of the South may be found some orators, eloquent in speech; some who have attained to ripe scholarship, and many others who have demonstrated considerable capacity in the learned professions and in business circles; but as a rule such are of mixed blood.

Remaining in contact with the superior Caucasian race, with the uplifting influences of its high civilization, it is confidently believed the Afro-American will yet reach higher mental developments. But as a class, their mental calibre is small; the convolutions of their brain are few and superficial; their cranial measurement small and other anatomical facts demonstrate his inferiority.

The color of his skin is a mark of inferiority, and not the result of climatic influence, as has been declared by some.

We are informed that four thousand or more years ago, the Caucasian was white, the Mongolian, yellow and the negro, black. The Aryan-Hindoos of pure blood have preserved their fair complexion in a hot and moist climate for some three thousand years, and the color of the Egyptain has not changed for more than forty centuries. We certainly know that for three hundred years the negro of unmixed blood in the temperate climate of the United States is now near the color of his African progenitors.

It is an anatomical fact that the average weight of the negroe's brain is forty-two ounces, while forty-nine ounces is the recognized average of the Caucasian,

WHY MORE INSANITY AMONG FEMALES THAN AMONG THE MALES.

In all ages and among all peoples of an inferior race, females suffer most from the worry, labor and privations incident to their pecuniary and social condition. I believe this statement is emphasized and illustrated by the large increase of female patients over males in the Eastern North Carolina Hospital. Applications for the admission of females for the past ten years have been about 40 per cent. greater than those for the males.

In my report to the Board of Directors for the year 1888, I made the following statement: It is an interesting question in psychological medicine why this disproportion of insanity in sexes among the colored people. It may be said in general terms that women have a more highly wrought nervous organization than men; their emotions are more easily aroused; their sympathies are more tender; their love is stronger; and while they have more fortitude under physical suffering, their spiritual nature suffers more than man's under a sense of abandonment by those to whom they naturally and of right look for reciprocal affection, protection and support. It is a melancholy fact that among many of the colored people the sanctity of the marital relation is lightly esteemed and its solemn obligations but indifferently regarded. How often do husbands when the cares of an increasing family begin to press with weight upon them, abandon their wives and children under the pretext of going South to work in turpentine fields, leaving their wives to struggle alone for self and children until excessive labors, an aching heart and utter destitution drive her with a crazed brain within these walls. Cruelty of husbands thus manifested and manifested in many other ways largely accounts for this disproportion.

In the light of succeeding years, I have no reason to change the opinion then expressed.

It is not my purpose to enter into the treatment of insanity of the Afro-American. Insanity in the negro and its treatment are practically the same as in the Caucasian. The habits, education and emotions of the negro in his same condition differ as a class from the Caucasian.

The negro laughs louder, sings louder, prays and preaches louder, than the Caucasian; and is more vulgar in speech and less cleanly in his person. He carries these characteristics into his insane condition and is therefore more noisy, more vulgar and beastly in his habits.

Mania is the prevailing form of mental derangement and suicides are rare. I have seen but one well defined case of suicidal melancholia in the Eastern North Carolina Hospital for nine years.

Dr. Berkley, of Baltimore, who has written on Paresis in the Negro, thinks paresis as common to the negro as to the white man, conditions of life being the same. Paresis being a metropolitan disease, this statement is probably

correct as to the colored insane of our large cities, but in the rural districts and in our small towns of the South according to my experience, paresis is a rare disease.

There are some difficulties attending the custodial care and treatment of the colored insane probably not fully appreciated by those whose population is exclusively of the whites.

The want of previous education in the past of a large majority of the colored insane restricts us in the means of diversion. There are but few artisans among them and the chief employment must needs be that of the common laborer of the field, while a large number unable to engage in the ordinary work of the hospital are left without resources of relief from the tedium and monotony of hospital life. Every asylum officer appreciates the value of moral treatment for the insane, consisting of an intelligent apprehension of their wants, whims and caprices, a kindly sympathy for the afflicted and the thousand and one attentions necessary for the best results. This requires intelligence, conscientiousness and tact, not often found in the colored attendant.

It is a notorious fact that but few colored attendants have the necessary influence over the colored insane that is so desirable in their care and treatment. The negro is usually indignant and rebels against the restraints exercised by another negro, and consequently force if often necessary when moral suasion and a stronger personal influence would have accomplished better results in management.

In the light of the teachings of the last two decades, showing a marvelous increase of insanity among the Afro-Americans, and tyrannized, as I fear they henceforth will be by an heredity from which they cannot escape, I confidently believe that in the near future the proportion of insanity among the negroes in the South will be as great, if not greater, than among the whites.

Their care and treatment is one of the great and pressing duties of humane and Christian statesmanship which the South doubtless will discharge in obedience to the injunction: "Ye that are strong ought to bear the infirmities of the weak."

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